2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 08:00 AM Secretary of State

	ANNUAL	REPORT		٠			of C404
1. Entity Nam	MENT # P94000052 out o repairs and sales	•			50	ecretar	y of Stat
Principal Plac 2550 ALI BA OPA LOCKA,	iba avenue	Mailing Address 2550 ALI BABA AVENUE OPA LOCKA, FL 33054 US		1 (1881) (1881) (1881)	17 MINI WALLE	DOGE WING WEN ALBER	t linte rannes it lins
D	O NOT WRITE	IN THIS SPA	CE	02132004 4. FEI Number 65-05060 5. Certificate of		CR2E034 (16	***************************************
	6. Name and Address of Current R	egistered Agent	4 7 7 7 7 90 90 90	<u> </u>	<u>_</u>	16011	<u> </u>
LINDO, KEITH 2550 ALI BABA AVENUE OPA LOCKA, FL 33054			DO NOT WRITE IN THIS SPACE				
8. The above the obligate	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar	72 3 4.5	ad office or register	<u> </u>	In the State of Flor	ida, I am familia	r with, and accept
FIL After Ma	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Finar Trust Fund Contribution.	scing \$5	.00 May Be ed to Fees			
10.	OFFIÇERS AND E	IRECTORS	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDO, KEITH 2550 ALI BABA AVE. OPA LOCKA, FL 33054				(<i>1</i> 0000)	1058599	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1/90000 (/2/20/04-	-80044-02	4 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	1		1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X WCC

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04

305 687 P813

Daytime Phone #